



Atty. Dkt. No. 016790-0450

2859  
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BFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ulrich KACZYNSKI

Title: CONTACT SENSOR, AND  
APPARATUS FOR PROTECTING  
A PROTRUDING COMPONENT

Appl. No.: 10/046,273

Filing Date: 1/16/2002

Examiner: G. Verbitsky

Art Unit: 2859

**FEE ONLY**

AMENDMENT TRANSMITTAL

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] Amendment and Reply Under 37 C.F.R. § 1.111 (12 pages).

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	24	-	26	=	0	x	\$18.00	=	\$0.00
Independent Claims:	7	-	6	=	1	x	\$88.00	=	\$88.00
First presentation of any Multiple Dependent Claims:							+	\$300.00	= \$0.00
CLAIMS FEE TOTAL									= \$88.00

10/28/2004 AJONES3 00000005 190741 10046273

01 FC:1201 88.00 DA

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$980.00	<u>\$980.00</u>
	EXTENSION FEE TOTAL:	<u>\$980.00</u>
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	<u>\$1068.00</u>
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		<u>\$0.00</u>
	TOTAL FEE:	<u>\$1068.00</u>

☒ A check in the amount of \$1,068.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

October 13, 2004

By

Glenn A. Belcher

Reg. No.  
43,438

FOLEY & LARDNER LLP

Customer Number: 22428

Telephone: (202) 672-5426

Facsimile: (202) 672-5399

for

Glenn Law  
Attorney for Applicant  
Registration No. 34,371

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

101046273  
~~100-45829-3~~

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 - minus 20 = 0	
INDEPENDENT CLAIMS	3 - minus 3 = 0	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)		(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	26	Minus	20	= 6
Independent	3	Minus	3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

	(Column 1)		(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	24	Minus	24	= -
Independent	6	Minus	3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

10/13/04

	(Column 1)		(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	24	Minus	24	= -
Independent	8	Minus	7	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	740.00

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=	1	OR	X\$18=	18.00
X42=	1	OR	X84=	1
+140=	1	OR	+280=	1
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	18.00

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=	23	OR	X84=	258
+140=	145	OR	+280=	280
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	280

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	88.00
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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